

# Stop Trafficking !

Anti-Human Trafficking Newsletter



Awareness

Advocacy

Action



June 2018 Vol. 16 No. 06

This issue highlights the trauma suffered by victims of sexual exploitation and the issues involved in their treatment and healing.

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- Society of the Sacred Heart
- U.S. Ursuline Sisters of the Roman Union
- USCSAHT Partner
- Society of the Divine Savior USA

## Trauma & Treatment

### Abusive Childhoods

According to the *Trafficking Victims Protection Act*, the sex trafficking of minors is the recruitment, harboring, transportation, provision, obtaining, patronizing, or solicitation of a person under the age of 18 for the purposes of a

commercial sex act, i.e. a sex act for which anything of value is given or received by any person.

Child sex trafficking is a growing concern across urban, suburban, and rural communities in the U.S., including in Native American communities. It transcends racial, ethnic, gender, and socio-economic boundaries, although some youth appear to be at greater risk, including those who are: racial and ethnic minorities; Lesbian, Gay, Bisexual, and Transgender; runaway and homeless; and economically disadvantaged. In addition, male survivors appear to be under-identified and under-served compared to female survivors.

Abusive Childhoods cont. pg. 2

### Homeless Youth

In April 2018 the *Field Center for Children's Policy, Practice and Research* at the *Univ. of Pennsylvania* reported on the prevalence of human trafficking among homeless youth in Philadelphia, Washington, D.C., and Phoenix. Results indicated:



Runaway Homeless Youth Public Service Announcement (<https://m.youtube.com/watch?v=uDojWAtbOzU>)

- 20% of those interviewed were victims of human trafficking (17% sex trafficked and 6% labor trafficked).
- Among sex trafficking survivors, 41% were approached on their first night of homelessness; 14% engaged in 'survival sex' to meet basic needs such as food or housing; 44% were subjects of an online ad, with half of them reporting that they were advertised on *Backpage.com*; 67% did not graduate from high school; 95% reported a history of child abuse or neglect, with only 69% getting any help or services.
- When sex trafficking victims told adults about their childhood maltreatment, only 36% saw action on their behalf; 41% of those who were sex trafficked had at least one out-of-home placement in their lives;

Homeless cont. pg. 2



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### Abusive Childhoods

*cont. from pg. 1*

Forms of child sex trafficking include: street prostitution; pornography; stripping; erotic/nude massage; escort services; phone sex lines; private parties; gang-based prostitution; survival trafficking; interfamilial pimping; and internet-based exploitation.

Exposure to childhood trauma and adversity are risk factors for becoming trafficked. Many trafficked youth have experienced childhood sexual abuse, physical abuse, neglect, traumatic loss, separation from caregivers, and family and community violence. Such experiences can profoundly impact social-emotional development in complex ways that affect the child's understanding of personal safety, sexual boundaries, and healthy relationships, leaving them vulnerable to exploitation and trafficking.

Trafficked youth often are involved with formal child-serving systems. Estimates suggest that as many as 50-90% have histories with the child welfare system, with particularly high rates of foster care placement and juvenile justice system involvement. Trafficked youth also often have significant histories of school truancy and educational disruption. These systems represent important prevention and intervention opportunities. However, many trafficked youths exit out of these systems at age 18. That loss of structure and financial support puts them at risk for further trafficking.

Currently, no reliable estimate of the prevalence of child sex trafficking in the U.S. exists, in part due to its hidden nature, disparities in definitions, and methodological challenges. Trafficked youth are often difficult to

identify and connect with services. The commercial sex economy is largely hidden and survivors rarely acknowledge to others, especially authorities, that they are being trafficked. This may be out of fear, shame, a belief that others will not help or support them, or

because they do not recognize their circumstances as exploitative. Survivors may fear for their own safety or the safety of their family; the loss of relationship with or protection of their exploiter(s); arrest, deportation, or return to an abusive home; or the inability to care or provide for loved ones. Many survivors have had multiple, often negative, contacts with formal systems and, due to their prior experiences, no longer view these systems as sources of support or safety.

Child sex trafficking experiences can lead to sexual, physical, and emotional injuries and severe lifelong health, social, educational, legal, and economic problems for survivors. Survivors experience significant traumatic stress symptoms, as well as depression, anxiety, substance abuse, unplanned or forced pregnancy, sexually transmitted



infections, malnutrition, self-injury or suicide, incarceration, social isolation, school drop-out, unemployment, and re-victimization.

(<https://www.nctsn.org/resources/understanding-and-addressing-trauma-and-child-sex-trafficking-policy-brief>)

### Homeless *cont. from pg. 1*

more than half of those surveyed did not have a place to live at some point in their lives before their 18th birthdays.

- A disproportionate number of youth who were sex trafficked identified as LGBTQ.

(<https://penntoday.upenn.edu/news/one-fifth-homeless-youth-are-victims-human-trafficking>)



## Awareness

*Psychologist Albert Biderman's Chart of Coercion was a tool he developed in 1956 to describe methods used to break the will or brainwash American prisoners during the Korean War. Those who work with victims of abuse find the same methods used by the victims' abusers.*

## Biderman's Chart of Coercion

Coercion METHODS and Effects	Prisoners of War	Victims of Domestic Violence	Victims of Human Trafficking
<b>ISOLATION</b> Deprives victim of all social supports and of her ability to resist. Develops an intense concern with self. Makes victim dependent upon interrogator	Complete solitary confinement. Complete isolation. Semi-isolation. Group isolation.	Denies participation in leisure activities. Restricts contact with family and friends. Excessive jealousy that reduces social interaction or discredits the victim to friends and family. Controls or restricts use of transportation, phone, or finances. Confines to the home.	Restricts contact with family and friends. Excessive jealousy that reduces social interaction or discredits the victim to friends and family. Controls or restricts use of transportation, phone, or finances. Confinement.
<b>MONOPOLIZATION OF PERCEPTION</b> Fixes attention upon immediate predicaments, fosters introspection. Eliminates stimuli competing with those controlled by captor. Frustrates all actions not consistent with compliance.	Physical isolation. Darkness or bright light. Barren environment. Restricted movement. Monotonous food.	Blames victim for the abuse, often reinforced by social and family response. Victim becomes focused on how she "caused" the abuse and her own weaknesses. Unpredictable behavior. Constant calling, texting or emailing.	Blames victim for the abuse, often reinforced by social and family response. Victim becomes focused on how she "caused" the abuse and her weaknesses. Unpredictable behavior. Constant calling, texting or emailing.
<b>INDUCED DEBILITY AND EXHAUSTION</b> Weakens mental and physical ability to resist	Semi-starvation. Exposure. Exploitation of wounds. Induced illness. Sleep deprivation. Prolonged interrogation. Forced writing. Overexertion.	Assaults to body image. Restricts finances for food and other necessities. Withholds access to medical care. Disrupts meals and sleep patterns with physical and verbal assaults, e.g. <i>"You're going to stay up all night and listen to me."</i> Rape and assaults during pregnancy.	Assaults to body image. Restricts access to food and other necessities. Withholds access to medical care. Disrupts meals and sleep patterns Rape and assaults.
<b>THREATS</b> Cultivates anxiety or despair	Threats of death. Threats of non-return. Threats of endless interrogation and isolation. Threats against family. Vague threats. Mysterious changes of treatment.	Threats to kill her or her family. Threats to take children away. Threats of suicide. Threats of abandonment. Destruction of property or pets.	Threats to kill her or her family. Threats to take children away. Threats of abandonment. Threats of arrest. Destruction of property.
<b>OCCASIONAL INDULGENCES</b> Provides positive motivation	Occasional favors. Fluctuations of interrogation attitudes.	Apologizes for the battering, sends flowers and gifts. Promises to change or says <i>"It will never happen again."</i> Becomes a "Disneyland" parent.	Apologizes for the battering. Promises to change or says <i>"It will never happen again."</i> Buys gifts or expensive items. Gets favored status: sit in front seat, sleep with Daddy.
<b>DEMONSTRATING 'OMNIPOTENCE'</b> Suggests futility of resistance.	Demonstrating complete control over victim's fate. Confrontation. Pretending cooperation taken for granted.	Physical assaults. Manipulation of legal system Claiming male privilege. Stalking.	Physical assaults. Manipulation of legal system Claiming male privilege Stalking.
<b>DEGRADATION</b> Makes cost of resistance appear more damaging to self-esteem than capitulation. Reduces prisoner to "animal level" concerns	Personal hygiene prevented. Filthy, infested surroundings. Demeaning punishments. Insults and taunts. Denial of privacy	Public humiliation. Forcing participation in demeaning or degrading sexual acts. Verbal abuse, "put downs" or name calling. Frequently tells victim that they are "stupid", "worthless" and unlovable.	Public humiliation. Forcing participation in demeaning or degrading sexual acts. Verbal abuse, "put downs" or name calling.





## Awareness

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## Coercion Chart *cont. from pg. 3*

Coercion METHODS and Effects	Prisoners of War	Victims of Domestic Violence	Victims of Human Trafficking
<b>ENFORCING TRIVIAL DEMANDS</b> Forced writing. Enforcement of minute rules.	Forced writing. Enforcement of minute rules.	Punishes for noncompliance with “the rules” which are rigid and unrealistic. These rules often govern the victim’s appearance, housekeeping, parenting, timeliness, etc. Frequently changes “the rules”. Plays “mind games”.	Punishes for noncompliance with “the rules” which are rigid and unrealistic. These rules often govern the victim’s appearance, housekeeping, parenting, timeliness, etc. Frequently changes “the rules”. Plays “mind games”.
Adapted from BIDERMAN’S CHART OF COERCION. Amnesty International, Report on Torture (New York: Farra, Strauss, and Giroux), 1973. <a href="http://thesamaritanwomen.org/wp-content/uploads/2015/11/chart-of-coercion.pdf">http://thesamaritanwomen.org/wp-content/uploads/2015/11/chart-of-coercion.pdf</a>			

## Trauma-Coerced Bonding

In 2015 Chitra Raghavan, PhD and Kendra Doychak, BA of the John Jay College of Criminal Justice, NY, published a research study entitled, *“Trauma-coerced Bonding and Victims of Sex Trafficking: Where do we go from here?”*

The theory surrounding trauma-coerced bonding posits that victims of abuse can form powerful emotional attachments to their abusers, as a result of a complex interaction of abusive control dynamics, exploitation of power imbalances, and intermittent positive and negative behavior.

The attachment is marked by a shift in internal reality, whereby the victim begins to lose her sense of self, adopts the worldview of the abuser, and takes responsibility for the abuse.

The authors argued that trauma bonding should be reconceptualized as *trauma-coerced attachment* in order to adequately reflect the abusive dynamics at play. They show that relationships of sex-trafficking victims often involve complex dichotomies (e.g., romantic & coerced with enforcers and competitive & violent with peers) that warrant individual consideration.

Successful coercive control by a pimp creates an environment of fear, dread,

and obedience even in the absence of physical violence. The invisibility of that power imbalance may contribute to mixed reactions to victims by law enforcement and/or the public when confronting sex-trafficked victims.

Finally, the authors argue that the unique role of sex within this victim population be explored using an integrated mind-body approach. *“First, those entering commercial sex often have extensive histories of sexual abuse and trauma. They frequently enter into their coerced working and intimate relationships with a poor knowledge of healthy sexuality. Often they begin commercial sex from places of desperation (e.g., economic desolation or immigration status) or fear and coercion (e.g., threatened violence from a partner or pimp). The subsequent level of ‘consent’ these women exert over their sexual agency is seriously impaired—at best, and completely coerced—at worst.*

*Women with sexual abuse histories can and do use sex to feel powerful. The very fact that men are willing to pay for their bodies creates a momentary empowerment. However, such empowerment can result in dangerous overreliance on the body*

*and obscuring the original need to compulsively fend off feelings of shame and degradation. Thus, at the first level, ‘consent’ to have sex may not actually reflect the qualitative experience of the actual sex act. Under such conditions (conscious willingness but unconscious dread or fear or use of sex to repel powerlessness) and the repeated and consistent violation of personal bodily autonomy, regardless of ‘voluntary consent’ can lead to a host of negative outcomes. These include the routine use of dissociation to tolerate sex with paying clients, drugs to induce the dissociation or to reintegrate the mind and body, and a cycle of shame and self-hatred punctuated by empowerment. All of these outcomes likely enforce, maintain, and/or strengthen trauma-coerced bonds, or contribute to such distress that the bonds cannot be severed. As such, the role of sex—separate from a moral stance associated with selling sex—should be explored in more depth.”*

To access the entire study and references, go to: *International Journal of Emergency Mental Health and Human Resilience*, Vol. 17, No.2, pp. 583-587, 2015. (<https://www.omicsonline.org/open-access/traumacoerced-bonding-and-victims-of-sex-trafficking-where-do-we-go-from-here-1522-4821-1000223.php?aid=55771>)



## Advocacy

### Interventions for Traumatized Children

According to the *National Child Traumatic Stress Network* (NCTSN), comprehensive and targeted interventions are needed within and across the systems with which trafficked youth are often involved (e.g., child welfare, law enforcement, juvenile justice, runaway and homeless youth; refugee and immigrant services; educational, mental health, and medical services). Trauma-informed care and trauma-focused treatments that are adapted to trafficking survivors' unique needs are essential.

Policymakers can help ensure the needs of survivors of child sex trafficking are part of all relevant national and state policies and programs. Specifically, policymakers can expand support for the following:

**Multi-pronged services** to address an array of needs, such as housing and placement, educational and vocational supports, mentoring programs to foster engagement with caring adults, and evidence-based trauma-focused mental health treatment, medical care and reproductive health, and parenting support.

**Flexible services and reimbursement structures** that recognize the greater intensity and complexity of the trauma-informed intervention needs of child sex trafficking survivors.

**Training and education** of the full spectrum of professionals in child- and family-serving systems and professionals working with refugees, immigrants, and asylees to institutionalize awareness of child sex trafficking, its traumatic impact, and linkage to trauma-informed evi-

dence-based services and treatments. **Inclusion of child sex trafficking survivors** in the development of policies, community response protocols, and delivery of comprehensive trauma-informed services.

**Child Welfare** efforts to improve early identification, intervention for at-risk youth, and support for survivors through enhanced investigation, linkage to comprehensive services that address safety needs and trauma history and impact, and specialized foster care programs that provide training and support for caregivers with whom high risk or trafficked youth are placed and broadly educate all foster parents and youth.

**Law enforcement and juvenile justice programs** that include universal screening for child sex trafficking and traumatic stress, incorporate a trauma-informed survivor-centered and restorative justice approach, offer alternatives to detention and incarceration, prevent transfer of youth into the adult criminal justice system, decriminalize the commercial sex and related acts of trafficking survivors, remove

third party control requirements, and establish a streamlined trauma-informed process for expunging related criminal records.

**Improved identification and response to under-identified and underserved populations** including trafficked boys, LGBTQ, homeless and runaway, American Indian, and refugee, immigrant, and undocumented youth.

**Policies and practices** that support transition-age youth and ensure continuity of services into adulthood through the full process of disengagement from trafficking and recovery.

**Evaluation** of all publicly-funded child sex trafficking programs and research that establishes and expands the evidence base of effective interventions, including newer efforts such as specialty dockets designed to decrease child trafficking activity, promote alternatives to detention, and improve youth health and mental health outcomes, with accelerated dissemination of findings to the field.

(<https://www.nctsn.org/resources/understanding-and-addressing-trauma-and-child-sex-trafficking-policy-brief>)



<https://www.gofundme.com/JoyBaltimoreendyouthhomelessness>



Advocacy

## Types of Survivor Support and Housing

(<http://thesamaritanwomen.org/wp-content/uploads/2015/05/types-of-agencies.pdf>)

	Anti-Trafficking (Coalition or Task Force)	Outreach	Drop-In Center	Emergency Housing (Safe House)	Short-term Housing (Transitional or Assessment Ctr)	Long-term Housing (Restorative)	Graduate Housing
<b>Purpose</b>	Promote social change; increase awareness; build unity of approach	Create relationship	Create relationship	Diffuse threat	Assess needs and readiness	Rehabilitate lives	Promote independence
<b>Duration</b>	Ongoing	A few minutes	A few hours	24 to 72 hours	2 weeks to a month	A year or more	6 months to multiple years
<b>Impact of Location</b>	Usually identified by jurisdiction or geography	Agency often has no location but the target and venue of the outreach is specific	Often serves just "walking distance" clientele	Often undisclosed	Extended stay hotels; Apartments; Residential home	Advantageous to be remote; access to direct services	Any
<b>Clientele Disposition</b>		Actively working	May be actively working; may be actively addicted	Highly volatile; High flight risk	Ambivalent, undecided. Sometimes under legal pressure. Self sabotaging	Anxious, desiring to change but uncertain	Growing in responsibility; still needs mentoring and social connection
<b>Question to Client</b>		Do you want this to stop?	Do you want this to stop?	Do you want something else?	Do you want something else?	Do you want to change?	Do you still need support?
<b>Considerations</b>		Client may be under scrutiny	Highly variable population Clients are in control	Often in coordination with LEAs The Program is in control	Control is determined by program	Control shifts over time from the Program to the Client	Control is with Client; emphasis on personal accountability
<b>Services Offered</b>	Services are primarily information to the public or specific industries	Food Toiletries Small gifts Safety measures	Food Clothing Shower First Aid Referrals	Safety Basic Needs	Safety Basic Needs Legal Assistance Spiritual Community	Safety Basic Needs Legal Spiritual Academic Vocational	Ongoing life skill support Mentoring Drug testing
<b>Staff Impact</b>		High volume, high adrenalin. Difficulty relating to them. No closure or feeling of "success".	High volume, high adrenalin. Difficulty relating to them. No closure or feeling of "success".	"Bus stop" level relationships; Watching the struggle but being limited in one's ability to help; Wanting it FOR her.	Dealing with all the demons and dramas; constant warfare Being the "bad guy"	Long-suffering Attachment and loss of boundaries Becoming overly invested in her success Taking it personally when she relapses or regresses	



## Advocacy

### Strategies for Overcoming Coercive Behaviors When Working With Trafficked Persons

Coercion Methods and Effects	Mitigating Strategies to Increase Perception of Environmental Safety	Mitigating Strategies to Increase Perception of Personal Security
<b>ISOLATION</b> Deprives victim of all social supports and of her ability to resist. Develops an intense concern with self. Makes victim dependent upon interrogator	<ul style="list-style-type: none"> <li>•Restrictions on access to phone, Internet</li> <li>•Undisclosed location</li> <li>•Protocols for outside visitors</li> <li>•Staff is visible and accessible</li> <li>•Planned outings with managed freedoms</li> </ul>	<ul style="list-style-type: none"> <li>•Educating the resident on her options for dealing with perceived threats or anxiety</li> <li>•Group therapies</li> <li>•Chaperones, Companions, Mentors.</li> </ul>
<b>MONOPOLIZATION OF PERCEPTION</b> Fixes attention upon immediate predicaments, fosters introspection. Eliminates stimuli competing with those controlled by captor. Frustrates all actions not consistent with compliance.	<ul style="list-style-type: none"> <li>•Restrictions on phone, Internet, social media</li> <li>•Safe contacts list</li> </ul>	<ul style="list-style-type: none"> <li>•Supervision of phone calls with family or other contacts</li> <li>•Focus narrative on survival skills, asset-based coping skills</li> </ul>
<b>INDUCED DEBILITY AND EXHAUSTION</b> Weakens mental and physical ability to resist	<ul style="list-style-type: none"> <li>•Consistent meal times</li> <li>•Available “discretionary” foods</li> <li>•Make accommodations for proper sleep environment (light, music, bedding, etc.)</li> <li>•Naptime/Quiet time</li> <li>•Self-governed time</li> </ul>	<ul style="list-style-type: none"> <li>•Freedom to make choices about dress and other aspects of appearance</li> <li>•Participation in menu planning and grocery shopping</li> <li>•Primary focus on consistency of sleep</li> <li>•Wellness activities</li> </ul>
<b>THREATS</b> Cultivates anxiety or despair	<ul style="list-style-type: none"> <li>•Signage</li> <li>•Images of family/children on her wall</li> <li>•Issue flashlights</li> </ul>	<ul style="list-style-type: none"> <li>•Verbal reassurance of safety</li> <li>•Use the language of “consequences for your decisions,” not threats</li> <li>•Train staff not to make promises</li> <li>•Friendly relationship with LEAs</li> </ul>
<b>OCCASIONAL INDULGENCES</b> Provides positive motivation	<ul style="list-style-type: none"> <li>•Do not reward behaviors with gifts</li> </ul>	<ul style="list-style-type: none"> <li>•Focus on promoting intrinsic rewards</li> <li>•Careful deployment of any hierarchy schema</li> </ul>
<b>DEMONSTRATING ‘OMNIPOTENCE’</b> Suggests futility of resistance.		<ul style="list-style-type: none"> <li>•Zero tolerance for physical contact or posturing</li> </ul>
<b>DEGRADATION</b> Makes cost of resistance appear more damaging to self-esteem than capitulation. Reduces prisoner to “animal level” concerns		<ul style="list-style-type: none"> <li>•Zero tolerance for name calling or interpersonal condemnation</li> <li>•Allowing her complete control over her “story”</li> <li>•Teaching non-threatening assertions, e.g., “I’m not comfortable with that.”</li> </ul>
<b>ENFORCING TRIVIAL DEMANDS</b> Forced writing. Enforcement of minute rules.	<ul style="list-style-type: none"> <li>•Resident Handbook written and accessible to all (include consequences)</li> <li>•All chores, schedules, expectations in writing and posted as appropriate (e.g., chore board)</li> </ul>	<ul style="list-style-type: none"> <li>•Use the language of “consequences for your decisions,” not punishment</li> <li>•Engage residents in defining those consequences</li> </ul>

Adapted from BIDERMAN’S CHART OF COERCION. Remedies (two right-hand columns) designed by The Samaritan Women, 2015.





Action

## Curriculum to Help 'At-Risk' Girls



'My Life My Choice' is a successful program designed to help prevent the commercial sexual exploitation of children (CSEC). The ten-session *Exploitation Prevention Curriculum* provides concrete, well-researched methods for reaching vulnerable adolescent girls.

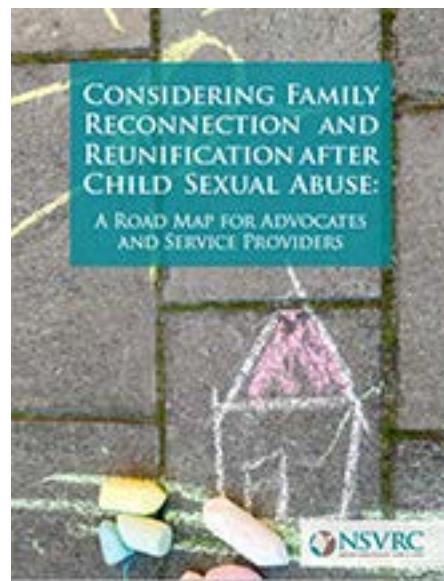
The curriculum challenges girls' ideas about commercial sexual exploitation (including prostitution) emphasizing that the commercial sex industry is dangerous and debilitating, not glamorous. It provides information about what makes girls vulnerable to exploitation and what tactics pimps use to recruit girls. It empowers girls to identify and avoid recruitment tactics or to identify supports and resources to exit such exploitation.

The *MLMC model for Exploitation Prevention* pairs a licensed clinician or clinically trained service provider with a trained survivor of exploitation to lead groups. Girls benefit from hearing the survivors' personal story and the expertise of two trained professionals who understand how to create a safe place for girls to share with one another. *MLMC Exploitation Prevention* groups can be held anywhere but are most commonly found in middle and high schools, group homes /residential treatment facilities, child protective services (CPS) offices, probation departments, juvenile justice facilities, and community-based organizations. (<http://www.fightingexploitation.org/>)

## Family Reunification Resource

A 2016 Guide from the *National Sexual Violence Resource Center* (NSVRC) entitled, '*Considering Family Reconnection and Reunification after Child Sexual Abuse: A Road Map for Advocates and Service Providers*,' is written for sexual assault program advocates working with families.

It provides an overview of the reunification process and how to navigate the stages of clarification, reconnection and reunification.



To download the Guide, go to: [http://www.nsvrc.org/sites/default/files/publications\\_nsvrc\\_guides\\_considering-family-reconnection-reunification-after-child-sexual-abuse.pdf](http://www.nsvrc.org/sites/default/files/publications_nsvrc_guides_considering-family-reconnection-reunification-after-child-sexual-abuse.pdf)

**Toll-Free 24/7 Hotline**  
**National Human Trafficking**  
**Resource Center**  
**1.888.3737.888**  
**Text "BeFree" (233733)**

## Informative Web Sites:

(Each contains information related to human trafficking)

### **National Child Traumatic Stress Network (NCTSN)**

<http://www.nctsn.org/>

### **The Samaritan Woman**

<http://thesamaritanwomen.org/groundwork/>

### **My Life My Choice**

<http://www.ncjfcj.org/sites/default/files/My%20Life%20My%20Choice%20Description.pdf>

### **Trauma-Informed Approach to Trafficking Persons** (6 pg. chart)

[http://www.traumacenter.org/resources/H-O%20Trauma-Informed%20Case%20Study\\_final\\_2.pdf](http://www.traumacenter.org/resources/H-O%20Trauma-Informed%20Case%20Study_final_2.pdf)

## Mental Health Training Resource

The *National Human Trafficking Resource Center* (NHTRC) developed an online training entitled, '*Human Trafficking Awareness for Mental Health Professionals*,' which discusses trauma and the potential effects of human trafficking on mental health.

This training helps equip mental health professionals with the tools to identify and respond to clients who may be victims of human trafficking.

By understanding the barriers to both accessing treatment and victim self-identification, mental health providers can better meet victims' needs.

To access the webinar, go to:

<http://traffickingresourcecenter.org/resources/human-trafficking-awareness-mental-health-professionals>

**Stop Trafficking!** is dedicated exclusively to fostering an exchange of information among USCSAHT members, organizations and concerned persons, collaborating to eliminate all forms of human trafficking.

To access back issues, go to:

<http://www.stopenslavement.org/past-issues-chronological.html>

To contribute information, please contact:

[jeansds@stopenslavement.org](mailto:jeansds@stopenslavement.org)

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